TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALT

	MAKILAND STATE DEPAR			
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 30	1 W. PRESTON S	TREET, BALTIMORE 1.	MARYLAND
10474	CERTIFICATE (11467

1. PLACE OF DEATH 2. COUNTY Oueen Annes Mapylann				2. USUAL RESIDENCE (Where deceased fived, If institution: Residence before admission) a. STATE b. COUNTY Oueen Annes							
				c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
C	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Crumpton				Crumpton. Rural /7-/						
0		SPITAL OR INSTITUTE	N (If not in h	 OSpital, give street ac	(drace)	d. STREET AOORESS	RUI	gT		101	S RESIDENCE
			14 (11 1100 111 11	ospital, giro sticot at	idi C 23)	u. STREET AGGRESS				1	N A FARM?
3.	NAME OF DECEASED	F	rst	Middle		Last	4. DA	TE Mo	nth	Oay	Year
	(Type or print)	FRAN	K	J.		CONVER		ATH Jul	lv	22.	19 66
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8	. DATE OF BIRTH		9. AGE (In year	S IF UNOER 1		JNOER 24 HRS.
	Male	White	WIOOWEO	OIVORCED	T S	ept. 15,188	88	last birthda	Months	Oays H	ours Min.
10a	. USUAL OCCUPAT	ION (Give kind of work	dane 10b. K	IND OF BUSINESS OR		11. BIRT HPLACE (C		7.00	try) 12. GI	IZEN OF	WHAT
- Anna	et. Fan	ing life, even if retire	_	NOUSTRY		Phila. Pa	b		U.S	JNTRY?	
	FATHER'S NAM		1.61	THITTIG S	1	14. MOTHER'S MAIL			1 0.0	# 17.6	
	Tananh ()					I Van					
	Joseph Co WAS DECEASED	ORVEY.	RCES? 16.	SOCIAL SECURITY NO.	1 17.	INFORMANT	UNU	Add	ress	-	
(Ye	s, no, or unkown)	(If yes give war or dates o	f service)						R		x 56
	No.			1-16-3930A		. Sara E. C	onve	r, Mill:	ington,		
		DEATH LENter only on EATH WAS CAUSED BY	1	line for (a), (b), and (c)).1	0		- /1-	77	ONSET,	AND DEATH
	1701 77 02	IMMEDIATE CAUSE	(a) HRT	erioscier	e077	C CARDIO	UH-S	CULAR	1115688	YE	3640
	4321	DUE	TO M		,	3 5 05- 01 0		1	1	/	
	Conditions, If		(b) //64	10 CARDIA	6	DECOMP	EN-	stilla			
	cause (a), st		TO _				_				
_	underlying caus		(c)	c +ulm	ONI	ARY EDE	ME	7			
CERTIFICATION	PART II. OTHER S	SIGNIFICANT CONDITIE	MS CONTRIBU	UTING TO OEATH BUT N	OTRELAT	EO TO THE TERMINAL O	OISEASEC	ONDITION GIVEN	IN PART 1(a)		AS AUTOPSY ERFORMED? NO
20a. ACCIOENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) OR CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)											
MEDICAL	20c. TIME OF I Hour a.n		Year 20d. While at worl	- Not While -	0e. PLAC factor	E OF INJURY (Home, fa y, street, office bldg., e	arm, 201	(City or town)	(Cour	ity)	(State)
	21. I certif	y that (I) (this hose	ital) attend	ed the deceased fr	om	MAY 1	964.	to July	1 , 1960	that	(I) (we) last
		ceased alive on	7 Jul			death occurred at					
22a. SIGNATURE / 22b. DATE SIGNED											
		ATTUIN.	TI	ass	M.O.	ATTENOING PHYS.	MED. DIRECTOR	STAFF PHYS.	1 /-	22-	66
	22c. PHYSICIA NAME (Ty	lam.	1/			22d. AOORESS					
	WANT (I)	Harry P	.Ross.	M.D.		Chestert	cown,	Md. 2162	0		
23a	BURIAL, CREM		HEREOF	23c. NAME OF CE	METERY	OR CREMATORY	23d.	LOCATION (City,	town or coul	nty)	(State)
Burial July, 25, 1966 Crumpton Cemetery Crumpton, Q.A.Co; Md.											
24 FUNERAL OIRECTORY AOORESSY , A V 25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE											
>	MINMA	11-5011	MIH.	Mullin	alo	MA DATE J	11 9	6 1986	Milary	len Qu	edge
6	Moure	year	WY	11-000	LUK	THE DATE !	1 10 11	0 1000	1	-VA	4

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het. Ferner Armine, tille, ce. 1, c.A.

Tometh Copens.

111-16-1930w Fran Sark is Conver, Williamson, al.

Unsign follows, P. C. Charteren, No. 21630

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then pages remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

> VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLANI
CERTIFICATE OF DEATH

1.	PLACE OF DEATH a. COUNTY OUEEN AND S MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Ri a. STATE) b. COUNT	-10.1-15-			
	D. CITY OR TDWN (if outside corporate limits, write QURAL and give nearest town)	c. CITY OR TOWN (If Cutside corporate limits, write RURAL	and give nearest town)			
	Chester Alberlife	Chester	17-1			
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	a. IS RESIDENCE ON A FARM?			
-			YES NO			
3.	NAME OF DECEASED (Type or print) MARY First Middle Ke	ERSE 4 DATE Month	0ay Year 2- 1966			
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	YEAR IF UNDER 24 HRS.			
F		ugust 6.1817 88 yrs. Months	Oays Hours Min.			
10a dur	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY)	11. BIRTHPLACE (County & State, or foreign country) 12. Cl	TIZEN OF WHAT			
	WIFE StomE	Sterensville, With, Co, 1110, U	·2.4.			
13.	FATHER'S NAME	14. MOTHER'S MAJOEN NAME				
16	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	EMILY LATHERINE FORT	TKK			
	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (16 yes give war or dates of service)	MRS. Thomas R. PRICE Chest	ER Md.			
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH			
И	PART I. DEATH WAS CAUSED BY: WOULE ME	uura	6 morelles			
	443X OUE TO Me IS SO SOO	also h	a/my/ 2400.			
	gave rise to immediate (b)					
	cause (a), stating the DUE TO DUE TO Underlying cause last.	erios elutric heur diseuse	years			
TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELA	TEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?			
FICE	Carcinonia left breast removed	13 yelds ego mediashual hun				
CERTIFICAT	2Da. ACCIDENT WAS UNDERLYING ☐ CR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RREO. (Enter nature of injury in Part I or Part II of Item 18.	years			
CAL		CE OF INJURY (Home, farm, 20f. (City or town) (Coury, street, office bldg., etc.)	nty) (State)			
MEDICAL	Hour a.m. While Not While p.m. 19 at work at work	ry, street, onice bidg., etc.)	13 20			
-	21. I certify that (I) (this hospital) attended the deceased from	Vely 10, 1952 to July 2, 196	6, that (I) (we) last			
		death occurred at M, from the causes and on the				
	22a. SIGNATURE	1	ATE SIGNED			
	22c, PRYSICIAN'S M.O		13.1966			
	NAME (Type) Theodor SATTELMALER	STEVENSVILLE, MARYLA	ND			
232	BURIAL, GREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	A A A A A A A A A A A A A A A A A A A	nty) (State)			
-	SURIAL HOUY LIYEG STEVENSVILLE		IRY (AN CI			
724	Some But Bros Centrelle	MAL DATE 111 G 1966 PChary				
1						

and the state of t service Desired Desired Client Elmoneth Keiner he many terms the many 8.27) by 08.3.2 hand astady the little plants and the parents SELECTION THE THIRD K. PROC. C. LESTER, MAI the second of th The state of the s by appetul & manual production of some at sopper place Thereto My Monte Control of the Market Control

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY by the f Pages 1 urs after Oueen Annes Kent Md. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. reb write RURAL and give nearest town) Nours Near Massev Millington Ę filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREFT ADDRESS within 72 YES K NO completely carbon NAME OF 3. Month Serbe Middle Last 4. DATE Day Year and con., emove carb. DECEASED Sergie Tkach (Type or print) DEATH July 19 66 executud 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 5. SEX OATE OF BIRTH AGE (In years | IF UNOER 1 YEAR) IF UNCER 24 HRS. Hours Male WIDOWED D.C DIVORCED Sept. 24, 1895 10a. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR IL. BINIAPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT INOUSTRY COUNTRY? Farm Labor Farming. Russia st. Papers certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova attending print. Then Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT transit permit. Address death (Yes, no, or unknown) (If yes give war or dates of service) 215-20-4704A eintenouse Charles Mason. 1740 Fleet St; Balt. Md. 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH by PART I. DEATH WAS CAUSED BY: hospital or attending physician. IMMEDIATE CAUSE (a) signed burial-t DUE TO law remires Cenditions, if any, which been gave rise to immediate the r DUE TO cause (a), stating the prior underlying cause last. certificate has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED MINAY DISEASE CONDITION GIVEN IN PART 1(2) WAS AUTOPSY for use Health PERFORMED? CATI NO P CERTIFI 20a. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury If Part I or Part II of Item 18.) O, detached Dept. this WEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Oay, Year 20f. (City or town) (County) (State) be de State I -factory, street, office bldg., etc.) Hour a.m. After Not While à p.m. at work at work 0 the 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should led with the A. from saw the deceased alive on and that death occurred at. the causes and on the date stated above. 22a. SIGNATURE 22b. **OATE SIGNEO** pe page MED. ATTENDING M.D. DIRECTOR PHYS. TO FUNERAL 22c. PHYSICIAN'S ADORESS 22d. director, p NAME (Type) C.H.Metcalfe. M.D. Sudlersville, Md. 21668 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, (State) REMOVAL (Specify) Md. July.7.1966 Holy Trinity Orthodox Cem. Elkridge. 24. FUNERAL DIRECTO M25a. REC'O BY RECISTRAR | 25b. REGISTRAR'S SIGNATURE AOORESS

OATE

VR A15 (4) 20M 1/65

Jon L DALINA MODEL Vote Manager DOLLAR TAT · viut Cobt. 24, 1997 Albest - Foreigner 1 st. Proper 2005. 750 Linonsy mara lat 210-10-4704A therice roton, 1740 Finet Ht; dall, 181

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executed within 24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

184	The second secon	Ex.									
	PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission a. STATE b. COUNTY COOR STATE						
-	Queen Anne's MARYLAND			c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town							
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Sudlersville										
			ON (If not in h	nenital give etceet address							
7	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)			d. STREET ADDRESS e. 1S RESIDENCE ON A FARM? YES NO							
ľ	3. NAME DF DECEASED	Fi	irst	Middle	Last	4. DATE	Month	Day	Year		
1	(Type or print)	LIDA		KENNY	WALLEN	DF DEATH	July	31	L, 19 66		
1	5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE	(In years IFU	NDER 1 YEAR	IF UNDER 24 HR		
1	Female	White	WIDOWED	DIVORCED	May 30,1880	86	birthday) Mon	ths Days	Hours Min.		
ľ	10a. USUAL OCCUPA	TION (Give kind of work	done 10b. K	IND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (C	12. CITIZEN OF WHAT					
ı	4.6			ome	Md.	F		U.S.A.			
1	13. FATHER'S NAME				14. MOTHER'S MAIC	DEN NAME	1	U.U.N			
	Richard M	Richard M. Leager			Annie Scot	Annie Scotten					
1	15. WAS DECEASED	EVER IN U.S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO. 17	. INFORMANT		Address				
	No.	(If yes give war or dates o		14-03-5002 M	s. Rena Cole	man. Buc	llersvil	le. Md.	21668		
ŀ	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]			OF MONE OUZO	^			RVAL BETWEEN			
ı		EATH WAS CAUSED BY	f:	000	Dante	1) 2.	01	ONSE	ET AND DEATH		
ı	1122	IMMEDIATE CAUSE	(a)	would	Gardine !	we are	aleva				
1	422	DUE	TO	00.		/	J.				
1	Conditions, If		(b)	Junion	rega	cuola	4				
1	cause (a),	stating the DUE	TO	0	00	· Pa	4.				
۱	underlying cau		(c)	7-usel	coffee	1	ever		THE SHOOPS		
1	PART II. OTHER	SIGNIFICANT CONDITION	ONS CONTRIB	UTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL I	MSEASE CONDITIO	NGIVEN IN PART	f 1(a) 19.	WAS AUTOPSY PERFORMED?		
1	25			Мидина				YES	S NO		
	PART II. OTHER 2Da. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING THE CAUSE OF DEA	TH 20b.	DESCRIBE HOW INJURY OF	CURRED. (Enter nature of	finjury in Part I o	r Part II of Ite	m 18.)			
- 6		ING CAUSE OF DEA	NER)	CA .							
	3 20c. TIME OF	INJURY Month, Day,	Year 20d. I	fac	LACE OF INJURY (Home, fa	arm, 20f. (City	or town)	(County)	(State)		
	20c. TIME OF Hour a.	.m. 19	While	MOT AMULE [1]	tory, attest, ourse Ding., e	16.)					
				ed the deceased from_	Shul 24 1	966 to 7	1/31	19 Cu . th	at (I) (we) las		
		eceased alive on	Lu:		at death occurred at.			-10	-		
1	22a. SIGNATI	JRE 1	17					b. DATE SIG			
1		(N)	TYLL	Jones N		MED. DIRECTOR 3	TAFF HYS.	87111	1010		
	22c. PHYSICI		4	- And Market	22d. ADDRESS			11	4		
	NAME (1	(ype) C.H. Me	tcalfe.	M.D.	Sudlersv	ille, Md.	21668		•		
	23a. BURIAL, CRE	ocify)		23c. NAME OF CEMETE	RY OR CREMATORY	23d. LOCATIO	ON (City, town	or county)	(State)		
1	Burial (Sp	Aug. 3,	1966	Millington		Milling		Kent Co			
	24 FUNERAL DIR		1	ADDRESS	25a. RE	C'D BY REGISTRAF	25b. REGIS	TRAR'S SIGNA	ATURE		
	rdinas	dell.	4186	Hellinger	MAL DATE	AUG 3 1	966 M	Marila	· Ouder		
100	The second of the second										

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A THURS A ROOM .. s'enni arept . . . 190y 20, 1000 - 13 othi diase. Telegraph In Property meditoril einni \$14.05.500 Mrs. Vers Dalmers, Systematile, Md. 2109 a courte loculus portrafationis Cherry Tegelmofely Privel Certain of Burns - European The state of the s a all addingond and the section of the se